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SIPDIS

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TAGS: [PGOV](#) [PREL](#) [SOCI](#) [TBIO](#) [PE](#)  
SUBJECT: PERU RESPONSE: GOP INTERVENTIONS RE H1N1

REF: STATE 73971

Classified By: Amb. P. Michael McKinley for reasons 1.4(b) and (d).

¶1. (C) Summary. In response to reftel, Post compiled a list of Peruvian government interventions related to A/H1N1 2009 influenza virus (H1N1). As of July 21, Peru had 2,796 confirmed cases, and 14 deaths. Many of the interventions listed in reftel either have not been implemented or are not applicable. The Peruvian healthcare system's biggest challenge has been to meet the testing demands with a limited laboratory capacity. End summary.

¶2. (U) List of Peruvian government interventions:

- Pandemic preparedness plan: Prepared 2005, Revised in 2006 and 2009
- El Callao (region where Peru's main international airport and harbor are located) regional government issues decree strengthening surveillance and defining responsibilities for health, harbor, and airport authorities; designating a special ward in public hospital for receiving suspected H1N1 patients, April 24
- Screening of international flight passengers begins, April 24
- Ministry of Health (MOH) declares "alert" status for all health facilities, started promoting preventive hygiene measures, April 27 (ongoing)
- Restrictions imposed on incoming flights from Mexico, April 27
- MOH ensures free diagnosis and treatment, end of April (ongoing, but shortages of diagnostic supplies reported)
- MOH issues daily H1N1 updates on its website, May 1 (ongoing, [www.minsa.gob.pe](http://www.minsa.gob.pe))
- MOH requires daily notification of all suspected H1N1 cases
- Restrictions on incoming flights from Mexico lifted, May 13
- First H1N1 case announced, May 14
- Guide for diagnosis and clinical management of H1N1 approved, May 15
- First two H1N1 deaths announced, July 5
- Sanitary Directive for intensified epidemiological surveillance of influenza and acute respiratory infections, July 7
- MOH and Ministry of Education (MOE) announce that school holidays moved up two weeks (originally to begin July 27, moved to July 15) and all school parades for the July 28 national holiday canceled, July 9
- Screening of visitors to prisons announced, July 17
- Military parade for July 28 holiday canceled, July 17

¶3. (U) As of July 21, Peru has 2,796 confirmed cases, and 14 deaths. Nationwide, 2503 cases have been released from hospitals. The outbreak has followed a similar pattern as in many other countries - most cases have been mild, and the deaths that have occurred have generally been in people with underlying conditions.

¶4. (SBU) Many of the interventions listed in reftel either have not been implemented in Peru or are not applicable.

Public transportation in Peru continues to be quite crowded and most businesses have continued to remain open and operate on normal hours. While the MOH and MOE encouraged parents to keep children at home during their earlier-than-anticipated vacations, there have been no general bans on public gatherings or theater closure, etc. The primary focus has been on prevention and containment, with public awareness campaigns encouraging hand washing, covering when coughing/sneezing, staying home from work if sick, etc.

15. (C) While the Peruvian healthcare system has many weaknesses, its biggest challenge with the H1N1 outbreak has been to meet the testing demands. The U.S. Navy Medical Research Center Detachment (NMRCD) has conducted much of the testing, since the MOH and National Health Institute (INS) lack sufficient RT-PCR machines and reagents to perform tests. The MOH has run out of reagents and has recently announced it will only selectively test severe or high-risk cases. NMRCD reports a dwindling supply of reagents as well.

NMRCD expects the number of infections and deaths to increase throughout at least the coming month, and comments that it has poor data to assess the impact of the GOP's interventions.

MCKINLEY